

# FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year: \_\_\_\_\_ Form: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Section A – Asthma Management

List known trigger(s): Dust ☐ Pollen ☐ Smoke ☐ Exercise ☐ Animal Fur ☐ Common Cold ☐  
Other: \_\_\_\_\_

## Section B - Daily management planning (if required):

### Management Instructions in the Event of an Asthma Attack

Steps	Instructions
Step 1	Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff.
Step 3	Wait 4 minutes. If there is no improvement give another 4 puffs.
Step 4	<b>EMERGENCY INSTRUCTIONS</b> If little or no improvement occurs: a) Call an ambulance immediately (dial 000). b) Call parent/carer. c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. d) Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital.

## Section C – Medication Instructions

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration (tick appropriate box)	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>
Storage instructions (Tick appropriate box(es))	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Section D –Authority to Act.

This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

Parent: \_\_\_\_\_ Medical Practitioner (if required): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

## OFFICE USE ONLY

Date received \_\_\_\_\_ Date uploaded on SIS: \_\_\_\_\_

Is specific staff training required? Yes ☐ No ☐: \_\_\_\_\_ Type of training: \_\_\_\_\_

Training service provider: \_\_\_\_\_

Name of person/s to be trained: \_\_\_\_\_ Date of training: \_\_\_\_\_

**Complete only relevant sections and attach the student health care summary form to the front of this document.**